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February 2, 2007

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: David E. Janssen
Chief Administrative Officer

SACRAMENTO UPDATE

Senate Republicans Unveil Health Reform Plan

Senate Minority Leader Dick Ackerman, and Senators George Runner and Dave Cox recently released the Senate Republican's Health Reform plan to provide health insurance to the uninsured. Entitled CalCARE, the plan would not mandate all Californians to have health insurance.

CalCARE would be financed through existing resources, including a redirection of \$500 million annually from the First 5 (Proposition 10) Program approved by the voters in 1998 which authorized a 50 cent per pack tax on cigarettes. This change would require a voter-approved initiative. In addition, CalCARE proposes to use a substantial portion of the \$2 billion in Disproportionate Share Hospital funds and the \$300 million spent on the State only Medi-Cal Program.

CalCARE would increase access by expanding the number of primary care and community clinics, especially in rural and underserved areas. It also proposes to increase Medi-Cal reimbursement rates to providers, which would be phased in over the next eight years. Concurrently, CalCARE proposes to reduce the level of service provided under the Medi-Cal Program and bill the Federal government \$2.2 billion for the cost of services to undocumented clients.

Each Supervisor
February 2, 2007
Page 2

Among its many other provisions, CalCARE would allow non-physicians to run clinics, provide a tax credit for the purchase of medical information technology, establish low interest loans to non-profit hospitals and medical groups that invest in information technology, provide a tax credit for the cost of providing health care to uninsured patients, encourage the development of additional high deductible health plans as a way of providing access to coverage for the uninsured, and allow insurers to market additional health insurance plans with fewer minimum requirements of coverage to increase consumer choices.

Attached are copies of a side-by-side comparison of the Governor's plan, the Senate Republicans' plan, and proposals by Senate pro Tem Don Perata and Assembly Speaker Fabian Nuñez (prepared by the Senate Office of Research and the Senate Republican Caucus) (Attachment I), and a narrative of highlights of the CalCARE proposal produced by the Senate Republican Caucus (Attachment II).

Assembly Budget Committee Overview of Governor's Budget

The Assembly Budget Committee held a hearing on the overview of the Governor's Proposed Budget for FY 2007-08. Committee Chair, John Laird, indicated his concern about proposed reductions to the CalWORKs program and the potential adverse impact of the transfer of transportation funds to support K-12 education programs. He questioned the adequacy for funding of the correctional system. He also inquired about the Administration's plan for timing of the repayment of the infrastructure bonds for cash flow planning purposes.

Vincent Brown, Chief Deputy Director of Finance for Budgets, provided an overview of the Governor's Proposed Budget that was similar to his presentation before the Senate Budget and Fiscal Committee last week. He acknowledged that actual State revenues for the personal income tax and sales and use taxes in the current fiscal year were not as high as estimates included in the Proposed Budget. He also explained that it was premature to change the revenue assumptions and that the Administration would review actual revenues and prepare another projection as part of the May Revision.

Legislative Analyst Elizabeth Hill concurred that current year State revenues were lower than estimated in the Governor's Proposed Budget. She stated that revenues through January were \$810 million lower than estimated by the Administration, which is even lower than the \$650 million shortfall she estimated during her presentation before the Senate Budget and Fiscal Committee last week. This shortfall is of concern to the Legislative Analyst's Office (LAO) as there is a historical correlation between lower cash receipts through January and lower tax receipts in the following April, the month used to predict revenues for the next fiscal year.

Ms. Hill also raised concerns regarding the aggressive growth projections for property tax revenues by the Administration which may underestimate General Fund obligations to

Each Supervisor
February 2, 2007
Page 3

K-12 schools by up to \$200 million; the growth in tribal gaming revenues transferred to the State that may be overstated by up to \$300 million; the viability of Pension Obligation Bonds which may overstate General Fund cash by \$525 million; and the ability of the State to defend itself in litigation to provide prior year cost of living adjustments in the CalWORKs Program (Guillen lawsuit) which would cost the State \$550 million if the plaintiffs prevail.

The LAO's Analysis of the 2007-08 Budget Bill will be released on February 21, 2007.

Assembly Committee Assignments

On January 23, 2007, Speaker Fabian Nuñez announced committee assignments. Attachment III includes committee chair, vice-chair, and member assignments.

We will continue to keep you advised.

DEJ:GK
MAL:hg

c: All Department Heads
Legislative Strategist
Local 660
Coalition of County Unions
California Contract Cities Association
Independent Cities Association
League of California Cities
City Managers Associations
Buddy Program Participants

Comparison of Health Care Reform Proposals

ATTACHMENT I

	Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Núñez
Individuals Covered	<p>Every Californian will have improved access with more healthcare options and services that are more affordable and cost-efficient.</p> <p>Reallocates First Five money for children's health care.</p>	<p>All Californians.</p>	<p>Working Californians and dependents. All children, regardless of residency status, up to 300% federal poverty level (FPL).</p>	<p>Working Californians, including part-time and seasonal workers and dependents. All children, regardless of residency status, up to 300% FPL.</p> <p>Intent to cover single, unemployed adults not currently eligible for any public program by 2012.</p>
Individual Mandate	<p>None.</p> <p>Tax Equalization: People purchasing insurance in the individual market should receive the same tax benefit as an employer purchasing coverage for its employees.</p>	<p>Individual Mandate: All Californians, including children, would be required to have minimum health coverage. Minimum covered, defined as a \$5,000 deductible plan with maximum out-of-pocket limits of \$7,500 per person and \$10,000 per family.</p>	<p>Working Californians and dependents would be required to have a minimum health coverage policy. Minimum coverage benefit level to be determined by the Managed Risk Medical Insurance Board.</p> <p>Enforced through the tax code.</p>	<p>None.</p>

	Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Núñez
Employer Mandate; Employee Responsibility	<p>No employer mandate.</p> <p>Provides employers who offer health insurance incentives like flex-time and other employer/employee agreed upon benefits.</p>	<p>Pay or Play: Employers would be required to spend at least 4% of payroll for employee health insurance OR pay an equivalent amount. Exemption: Employers with fewer than 10 employees.</p>	<p>Pay or Play: Employers would be required to spend a certain percentage of payroll (adjusted on a sliding scale) for employee health insurance OR pay an equivalent amount to a State Trust Fund along with an employee contribution.</p> <ul style="list-style-type: none"> ► firms of less than two workers ► firms with payroll of \$100,000 or less ► certain newly established firms in business for less than three years <p>All employees who are offered coverage at work would be required to accept coverage for them and their dependents, provided their share of costs does not exceed a reasonable percentage of their income. Employees whose employers pay rather than offer coverage would pay a percentage of their income.</p>	<p>Pay or Play: Employers would be required to provide employee health coverage OR pay a fee based on "fair share" percentage of payroll.</p> <p>Exemptions for:</p> <ul style="list-style-type: none"> ► firms of less than two workers ► firms with payroll of \$100,000 or less ► certain newly established firms in business for less than three years <p>All employees who are offered coverage at work would be required to accept coverage for them and their dependents, provided their share of costs does not exceed a reasonable percentage of their income. Employees whose employers pay rather than offer coverage would pay a percentage of their income.</p>

	Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Núñez
Medi-Cal Rate Increase	Yes. Increase rates closer to Medicare. ► Makes rate increases a budget priority, starting with the lowest rates first, over the next eight years.	Yes. \$4 billion to increase rates closer to Medicare level.	No.	No.
Purchasing Pool	No.	Yes.	Yes – the “Connector”.	Yes – California Cooperative Health Insurance Purchasing Program (Cal-CHIPP).
Individual Contribution to Obtain Coverage Through Purchasing Pool	Not applicable.	Sliding-scale individual contribution 3%-6% of gross income required to obtain coverage through purchasing pool.	For participating employees, no additional cost for basic coverage.	No additional cost for basic coverage.
Medi-Cal/Healthy Families Expansion/ Changes	Realign Medi-Cal benefits to more closely mirror the private healthcare benefits received by other taxpayers. Requires the Department of Health Services (DHS) to make the necessary changes. Reallocates First Five funds for children's health care initiatives.	Expand Healthy Families/Medi-Cal for all children, regardless of residency status, up to 300% FPL. Expand Medi-Cal to include all legal resident adults up to 100% FPL. Establish “bright-line” threshold between Medi-Cal and Healthy Families/new purchasing pool at 100% FPL.	(See note under Financing)	Increase Medi-Cal and Healthy Families for all families up to 300% FPL, children would be covered regardless of residency status. Wraparound Medi-Cal and Healthy Families benefits for eligible persons with employers sponsored coverage.

	Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Núñez
Tax and Regulatory Incentives For Individuals	<p>State tax conformity on Health Savings Accounts.</p> <p>Tax Equalization: People purchasing insurance in the individual market should receive the same tax benefit as an employer purchasing coverage for its employees.</p>	<p>State tax conformity on Health Savings Accounts.</p>	<p>None.</p>	<p>None.</p>
Tax and Regulatory Incentives For Employers	<p>Encourage all employers to establish “Section 125 plans,” allowing employees to use pre-tax income for health expenses.</p> <p>Permit employers who offer health insurance incentives like flex time and other employer/employee agreed on benefits.</p>	<p>All employers required to establish “Section 125 plan,” allowing employees to use pre-tax sheltered income for health expenses.</p>	<p>None.</p>	<p>All employers required to establish “Section 125 plan,” allowing employees to use pre-tax income for health expenses.</p>
Tax and Regulatory Incentives Providers		<p>Provide hospitals and physicians a tax credit to purchase health care IT, such as electronic medical records and telemedicine.</p> <p>Establish a low-interest loan program to help non-profit hospitals and medical groups for investment in health care IT.</p> <p>Establish a tax credit for the cost of providing care for the uninsured.</p>	<p>None.</p>	<p>None.</p>

Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Nunez
<p>Insurance Market Reforms</p> <p>Encourage greater availability of benefit designs that conform to existing federal requirements for HSA-eligible High Deductible Health Plans (HDHPs) to provide necessary coverage for major illnesses and catastrophic care.</p> <p>Require DMHC and DOI to allow health plans and insurers to place more products on the market to increase consumer choice.</p> <p>Have California lead by example regarding product innovation and consumer choice by requiring Cal-PERS to offer HDHPs and HSAs to state employees.</p> <p>Permit greater flexibility for coverage rates, reflecting lifestyle behaviors, in the Small Group Market.</p>	<p>Health plans:</p> <ul style="list-style-type: none"> ► Guarantee coverage in the individual market ► Rates based only on age and geographic area in the individual market ► 85% of premiums must be spent on patient care. 	<p>For health plans participating in the purchasing pool:</p> <ul style="list-style-type: none"> ► guaranteed issue ► community rating. 	<ul style="list-style-type: none"> ► Prohibits exclusion of coverage for minor health conditions, as determined by MRMIB. ► Restructures the state's high-risk pool and requires MRMIB to determine specific excludable pre-existing conditions for inclusion in the high-risk pool. ► Requires health insurers to offer uniform benefit designs in and outside of Cal-CHIPP.

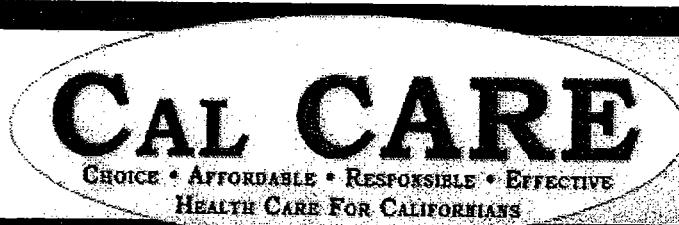
Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Nunez
<p>Improve Access to Medical Services</p> <p>Expand care by allowing hospitals to offer preventative services only coverage, giving them flexibility to redirect uncovered patients with treatment at hospital or community-based clinics before they arrive at the emergency room with non-emergencies.</p> <p>Encourage more clinics by allowing RNs to run clinics; adjust physician oversight requirements to improve access to primary care in underserved areas.</p>	<p>Remove statutory and regulatory barriers to expansion of lower-cost models of health care delivery such as retail-based medical clinics by making scope of practice changes for "physician extenders" such as nurse practitioners and physician assistants.</p>	<p>Encourage more clinics by reallocating a portion of state-only healthcare programs to expand services delivered through primary care clinics.</p> <p>Encourage more clinics by reallocating a portion of the \$2 billion currently allocated to disproportionate share hospitals (DSH) to fund clinic creation and expansion.</p> <p>Realignment and extension of coverage for the "uninsurable" needy population by using Prop 99 funds.</p>	<p>None.</p>

Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Núñez
<p>Cost Containment</p> <ul style="list-style-type: none"> ► Expansion of clinics to be used over emergency rooms for non-emergency services. ► Transparency: The expansion of more affordable health coverage products available for consumers creates the need for pricing information to become more readily available by hospitals and providers for different health services. ► Seismic Safety Reform: A new prioritization system should be implemented by first focusing on the hospitals most at risk first. ► Provide Appropriate Due Process to Assist Hospitals From Being Blocked by Bureaucracies or Special Interests—Hospital access to state-sponsored support should be based on sound public policy, not dictated by entrenched bureaucracies or special interests. <p>(additionally, see Insurance Market Reforms)</p>	<ul style="list-style-type: none"> ► Reduce regulatory requirements on health plans ► Reduce regulatory requirements in order to promote certain delivery models, such as retail clinics. ► Pilot to combine workers' compensation with traditional health coverage. ► Health plans must offer "health actions" rewards and incentives with benefit packages. ► Promote health information technology and patient health records ► Link future Medi-Cal provider and plan rate increases to performance ► Make changes to seismic safety requirements for hospitals. 	<ul style="list-style-type: none"> Within the purchasing pool: ► Managed competition through choice of health plans. ► Medi-Cal managed care buy-in. ► Cap on health plan administrative costs and profits. ► Plans must implement evidence-based practices that control cost growth, including preventive care, case management for chronic diseases, promotion of health information technology, standardized billing practices, reduction of medical errors, incentives for healthy lifestyles, appropriate patient cost-sharing, and rational use of new technology. 	<ul style="list-style-type: none"> Disease management in state health coverage programs. ► Pay-for-performance for state-funded health coverage programs. ► Require plans and providers to participate in a personal health records system. ► Simplify benefit designs. ► Uniform benefit designs will include preventive services. ► Healthy lifestyles programs. ► Centralized technology assessment.

	Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Nuñez
Financing - Federal Government	<ul style="list-style-type: none"> ► Send federal government the bill for \$2.2 billion which is the cost of providing federally mandated healthcare services to illegal immigrants. 	<ul style="list-style-type: none"> ► Federal funds and redirection of safety net funds (\$5.5 billion) 	<ul style="list-style-type: none"> ► Federal funds. Sources are: ► Increase Medicaid for working parents to 300% FPL 	<ul style="list-style-type: none"> ► Federal funds (Medicaid, SCHIP)
Financing - State & Local Government		<ul style="list-style-type: none"> ► Reallocate a substantial part of the \$2 billion provided annually to DSH hospitals to be used to create and expand primary care clinics. 	<ul style="list-style-type: none"> ► Redirect county funds, which includes realignment funds (\$2 billion) 	<ul style="list-style-type: none"> None.

	Cal CARE Senate Republican Plan	Governor Schwarzenegger	Senate President Pro Tempore Perata	Assembly Speaker Núñez
Financing - State Mandated Out of Pocket Expenses	<ul style="list-style-type: none"> ► Employer contributions ► Employee and individual contributions ► Hospital and physician contributions. ► 2% fee on physician revenues and 4% fee on hospital revenues (\$3.5 billion) 	<ul style="list-style-type: none"> ► Employer contributions ► Employee contributions 	<ul style="list-style-type: none"> ► Employer contributions ► Employee contributions ► Surcharge on health insurance premiums (to finance high-risk pool) 	<ul style="list-style-type: none"> ► Employer contributions ► Employee contributions ► Surcharge on health insurance premiums (to finance high-risk pool)
Implementation Timeline	January 1, 2008.	Not specified.	July 2008 – Insurance market reforms, kids coverage	January 2009 – Pay or play employer mandate

SOURCE: Senate Office of Research and the Senate Republican Caucus

**Cal CARE Information**

Overview
Compare Plans
News Releases
Editorials
Press Coverage
Cal CARE Main

Press Conference

Listen to the Cal CARE Press Conference

Press Coverage

Cal CARE News from the state's major media

Legislation

Updates on legislation to implement Cal CARE

Cal CARE

- Cal CARE will improve the current health care system and address the real problem of making health care more affordable and accessible.
- Cal CARE will create more consumer options and cultivate marketplace competition by eliminating regulatory hurdles.
- Cal CARE will provide new incentives for hospitals and private industry to increase the number of clinics. This will improve accessibility to health care in rural and underserved areas. It will provide cheaper alternatives to emergency rooms which contribute to rising health care costs.
- Cal CARE will increase the number of Californians with health coverage by offering incentives to employers who offer health care coverage for their employees. It will also prioritize First Five funding for children's health care initiatives.
- Cal CARE expects Californians to take personal responsibility for their health care. The plan provides important tax incentives to allow an individual the same tax benefit as an employer that provides health insurance to its employees.
- Cal CARE will not require taxpayers to pay for health insurance for illegal immigrants. The Cal CARE plan will send a bill to the federal government for the costs California taxpayers already must pay for illegal immigrants' health care.

Improving Californians Access to Health Care

- Every Californian will have improved access with more health care options and services that are more affordable and cost-efficient.

Access

Employer Incentives to Offer Health Insurance: Provides employers who offer health insurance incentives like flex-time and other employer/employee agreed upon benefits.

Reallocates First Five Funds for Children's Health Care: Reallocates First Five money for children's health care initiatives.

Expand Clinical Care by Allowing Hospitals to Offer Preventative Services Only Coverage: Emergency rooms are the most expensive way to treat a patient seeking primary care. Hospitals should be allowed the flexibility to interdict and redirect uncovered patients before they arrive at the emergency room with non-emergency ailments. This proposal will allow hospitals to offer "preventive services only" coverage where the actual care is delivered through a hospital's primary care or community-based clinics. Such coverage will not only provide an extremely low-cost primary care coverage option for low income individuals not eligible for government programs, it will also help alleviate unnecessary use of expensive hospital emergency services.

Encourage More Clinics By Allowing RNs to Run Clinics: Physician oversight requirements should be appropriately adjusted in order to give nurse practitioners and other physician extenders additional flexibility to establish and run primary care clinics. This will improve access to primary care in underserved areas specifically urban and rural areas.

Expand Services Delivered Through Primary Care Clinics: There is \$300 million currently dedicated to state-only programs that provide various services to uninsured or underinsured individuals. A majority of these dollars should be redirected to community clinics and health centers so greater numbers of low-income individuals who are unable to purchase coverage and do not qualify for government programs may receive primary care services.

Increase Medi-Cal Reimbursement Rates for Providers: Over the next eight years, make it a budget priority to increase Medi-Cal rates towards parity with Medicare rates. The proposal would give first priority to increasing those rates currently lowest.

Tax Credit for Uninsured Care (Charity Care): Provide a partial tax credit directly to providers for the cost of providing care to the uninsured.

Eliminate Backlog with Managed Risk Medical Insurance Pool (MRMIP) for the Most Vulnerable: Realignment and extension of coverage for the "uninsurable" needy population by using Prop 99 funds.

Incentivize and Support Expansion of Clinics: To increase access to health care through clinics, a significant portion of the \$2 billion allocated annually to Disproportionate Share Hospitals (DSH) can be used to incentivize additional clinic creation and expansion.

Affordability

Health Savings Accounts (HSAs): California is one of six states that has not conformed to federal income tax law regarding HSAs. Conforming to federal law will provide tax incentives for businesses and individuals to utilize HSAs as a health care option.

Increasing Options for Affordable Insurance: Increased availability of benefit designs that conform to existing federal requirements for HSA-eligible High Deductible Health Plans (HDHPs) should be encouraged. These plans provide necessary coverage for major illnesses and catastrophic care.

Employer Tax Credit for HSA Contributions: To provide an incentive for employers to contribute to employees' HSAs, employers should receive a tax credit for making such contributions.

Informed Consumers: The expansion of HSAs and the allowance of more affordable health coverage products to be available for consumers create the need for pricing information to become more readily available by hospitals and providers for different health services.

Health Info-Tech Tax Credit: To encourage hospitals and physicians to embrace cost-saving and quality-improving technologies such as electronic medical records and telemedicine, providers who invest in the necessary equipment should receive tax credits, and a low-interest loan program should be established to help non-profit hospitals and medical groups make these purchases.

Realign Medi-Cal to Private Benefits: Medi-Cal should more closely mirror the private healthcare benefits of those funding this costly program. Medi-Cal beneficiaries should not receive better healthcare benefits than other taxpayers. The Department of Health Services (DHS) should be required to make the changes needed to accomplish this and seek the necessary federal waiver(s).

Seismic Safety Reform: In order to help hospitals comply with expensive seismic safety requirements in a rational manner, a new prioritization system should be implemented by first focusing on the hospitals most at risk first.

Send Federal Government Bill for Illegal Immigrants Health Care Costs: Call on the federal government to pay for the mandated health care costs for illegal immigrants.

Provide Appropriate Due Process to Assist Hospitals: Hospital access to state-sponsored support should be based on sound public policy, not dictated by entrenched bureaucracies or special interests.

Consumer Choice

Increase the Choices of Health Insurance Products to Consumers: Require the California Departments of Managed Health Care (DMHC) and Insurance to allow health plans and insurers increased flexibility regarding product design – including but not limited to co-payments, deductibles, networks, mandates, and benefits – so that plans and insurers can better and more quickly respond to consumer demand for affordable products that provide coverage and benefits appropriate to specific segments of the population. Available coverages will be driven by market demand rather than regulatory restrictions.

Allow Insurance Companies Flexibility for Rates in the Small Group Market: Greater rate flexibility will result in more affordable options and more employers purchasing coverage. Rate flexibility in the small market could consider lifestyle behaviors.

Incentives for Employers to Offer Pre-Tax (Section 125) Plans: The proposal would offer different incentives for employers to offer their employees pre-tax (Section 125) plans.

Expand Choice for Civil Servants: California should lead by example regarding product innovation and consumer choice by requiring Cal-PERS to offer HDHPs and HSAs to state employees. While not appropriate for everyone, too many Californians are unable to enjoy the significant cost and tax savings these plans offer.

Cal CARE News Releases

1/30/2007

More Affordable and Better Access to Health Care for Californians

ATTACHMENT III

ASSEMBLY COMMITTEE CHAIRS AND MEMBERS

Los Angeles County Delegation members are indicated with an asterisk.

Aging and Long-Term Care: Patty Berg (Chair), Joel Anderson (Vice Chair), Julia Brownley*, Wilmer Carter, Lloyd Levine*, Mimi Walters

Agriculture: Nicole Parra (Chair), Doug La Malfa (Vice Chair), Tom Berryhill, Mervyn Dymally*, Jean Fuller, Cathleen Galgiani, Dave Jones, Tony Mendoza*

Appropriations: Mark Leno (Chair), Mimi Walters (Vice Chair), Anna Caballero, Mike Davis*, Mark DeSaulnier, Bill Emmerson, Jared Huffman, Betty Karnette*, Paul Krekorian*, Doug La Malfa, Lloyd Levine*, Ted Lieu*, Fiona Ma, Alan Nakanishi, Pedro Nava, Sharon Runner*, Jose Solorio, Vacancy

Arts, Entertainment, Sports, Tourism & Internet Media: Betty Karnette* (Chair), Sharon Runner* (Vice Chair), Richard Alarcón*, Joe Coto, Mike Davis*, Kevin de León*, George Plescia, Audra Strickland*, Sandré Swanson

Banking and Finance: Ted Lieu* (Chair), Ted Gaines (Vice Chair), Joe Coto, Guy Houston, Tony Mendoza*, Nicole Parra, Sandre Swanson, Alberto Torrico, Mimi Walters, Lois Wolk

Budget: John Laird (Chair), Roger Niello (Vice Chair), Juan Arambula, Jim Beall, John Benoit, Patty Berg, Sam Blakeslee, Julia Brownley*, Paul Cook, Hector De La Torre*, Chuck DeVore, Michael Duvall, Mervyn Dymally*, Mike Feuer*, Jean Fuller, Mary Hayashi, Ed Hernandez*, Bob Huff*, Dave Jones, Bill Maze, Gene Mullin, Laura Richardson*, Ira Ruskin, Jim Silva, Sandra Swanson, Lois Wolk

- **Budget Subcommittee #1 – Health and Human Services:** Patty Berg (Chair), Jim Beall, Hector De La Torre*, Ed Hernandez*, Bill Maze, Roger Niello,
- **Budget Subcommittee #2 – Education Finance:** Julia Brownley* (Chair), Michael Duvall, Mervyn Dymally*, Jean Fuller, Gene Mullin, Sandré Swanson
- **Budget Subcommittee #3 – Resources:** Ira Ruskin (Chair), Sam Blakeslee, Julia Brownley*, Hector De La Torre*, Dave Jones, Jim Silva
- **Budget Subcommittee #4 – State Administration:** Juan Arambula (Chair), Paul Cook, Chuck DeVore, Mary Hayashi, Gene Mullin, Sandré Swanson
- **Budget Subcommittee #5 – Information Technology & Transportation:** Mike Feuer* (Chair), John Benoit, Bob Huff*, Laura Richardson*, Lois Wolk

Business and Professions: Mike Eng* (Chair), Bill Emmerson (Vice Chair), Karen Bass*, Wilmer Amina Carter, Mary Hayashi, Ed Hernandez*, Shirley Horton, Bill Maze, Curren Price, Alberto Torrico

Education: Gene Mullin (Chair), Martin Garrick (Vice Chair), Julia Brownley*, Joe Coto, Mike Eng*, Loni Hancock, Bob Huff*, Betty Karnette*, Alan Nakanishi, Jose Solorio, vacancy

Elections and Redistricting: Curren Price* (Chair), Anthony Adams* (Vice Chair), Mark Leno, Lloyd Levine*, Tony Mendoza*, Roger Niello, Lori Saldaña

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Health: Mervyn Dymally* (Chair), Alan Nakanishi (Vice Chair), Karen Bass*, Patty Berg, Hector De La Torre*, Kevin de León*, Bill Emmerson, Ted Gaines, Loni Hancock, Mary Hayashi, Ed Hernandez*, Sally Lieber, Fiona Ma, Mary Salas, Audra Strickland*

Higher Education: Anthony Portantino* (Chair), Shirley Horton (Vice Chair), Juan Arambula, Jim Beall, Paul Cook, Cathleen Galgiani, Ira Ruskin

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Human Services: Jim Beall (Chair), Tom Berryhill (Vice Chair) Mike Davis*, Mark DeSaulnier, Paul Krekorian*, Laura Richardson*, Todd Spitzer

Insurance: Joe Coto (Chair), John Benoit (Vice Chair), Patty Berg, Charles Calderon*, Kevin de León*, Michael Duvall, Noreen Evans, Martin Garrick, Sally Lieber, Nicole Parra

Jobs, Economic Development, and the Economy: Juan Arambula (Chair), Jim Silva (Vice Chair), Anna Caballero, Bonnie Garcia, Curren Price*, Mary Salas

Judiciary: Dave Jones (Chair), Van Tran (Vice Chair), Anthony Adams*, Noreen Evans, Mike Feuer*, Rick Keene, Paul Krekorian*, John Laird, Sally Lieber

Labor and Employment: Sandré Swanson (Chair), Audra Strickland* (Vice Chair), Mark DeSaulnier, Ted Gaines, Cathleen Galgiani, John Laird, Mark Leno, Ira Ruskin

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Public Employees, Retirement and Social Security: Ed Hernandez* (Chair), Kevin Jefferies (Vice Chair), Joel Anderson, Gene Mullin, Nell Soto*, Alberto Torrico

Public Safety: Jose Solorio (Chair), Greg Aghazarian (Vice Chair), Joel Anderson, Hector De La Torre*, Mark Leno, Fiona Ma, Anthony Portantino*

Revenue and Taxation: Charles Calderon* (Chair), Chuck DeVore (Vice Chair), Juan Arambula, Mike Eng*, Mike Feuer*, Mary Hayashi, Fiona Ma, George Pescia, Todd Spitzer

Rules: Hector De La Torre* (Chair) Sam Blakeslee (Vice Chair) Anthony Adams*, Greg Aghazarian, Richard Alarcon*, John Benoit, Wilmer Amina Carter, Mike Davis*, Mark De Saulnier, Paul Krekorian*, Tony Mendoza*, Loni Hancock, Democratic Alternate, Todd Spitzer, Republican Alternate

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Utilities and Commerce: Lloyd Levine* (Chair), Rick Keene (Vice Chair), Karen Bass*, Sam Blakeslee, Mike Davis*, Mervyn Dymally*, Jared Huffman, Dave Jones, Paul Krekorian*, Laura Richardson*, Cameron Smyth*, Van Tran

Veterans' Affairs: Mary Salas (Chair), Paul Cook (Vice Chair), Jim Beall, Wilmer Amina Carter, Chuck DeVore, Ted Lieu*, Sharon Runner*, Lori Saldaña, Lois Wolk

Water, Parks and Wildlife: Lois Wolk (Chair), Bill Maze (Vice Chair), Joel Anderson, Tom Berryhill, Anna Caballero, Charles Calderon*, Jared Huffman, Doug La Malfa, Ted Lieu*, Gene Mullin, Pedro Nava, Nicole Parra, Mary Salas

Joint Legislative Audit Committee: Nell Soto* (Chair), Lloyd Levine*, Fiona Ma, Alan Nakanishi, George Pescia, Todd Spitzer, Alberto Torrico